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*CENTER FOR COMMUNITY SUPPORT
AND RESEARCH*

Learning Collaborative

Kansas Medicaid Health Homes Initiative

May 6, 2015

Rolling Hills Zoo Conference Center

Salina, KS

Welcome!



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Why are we here?

To celebrate successes,
conquer challenges,
and build a quality Health Homes system.



Building Connections

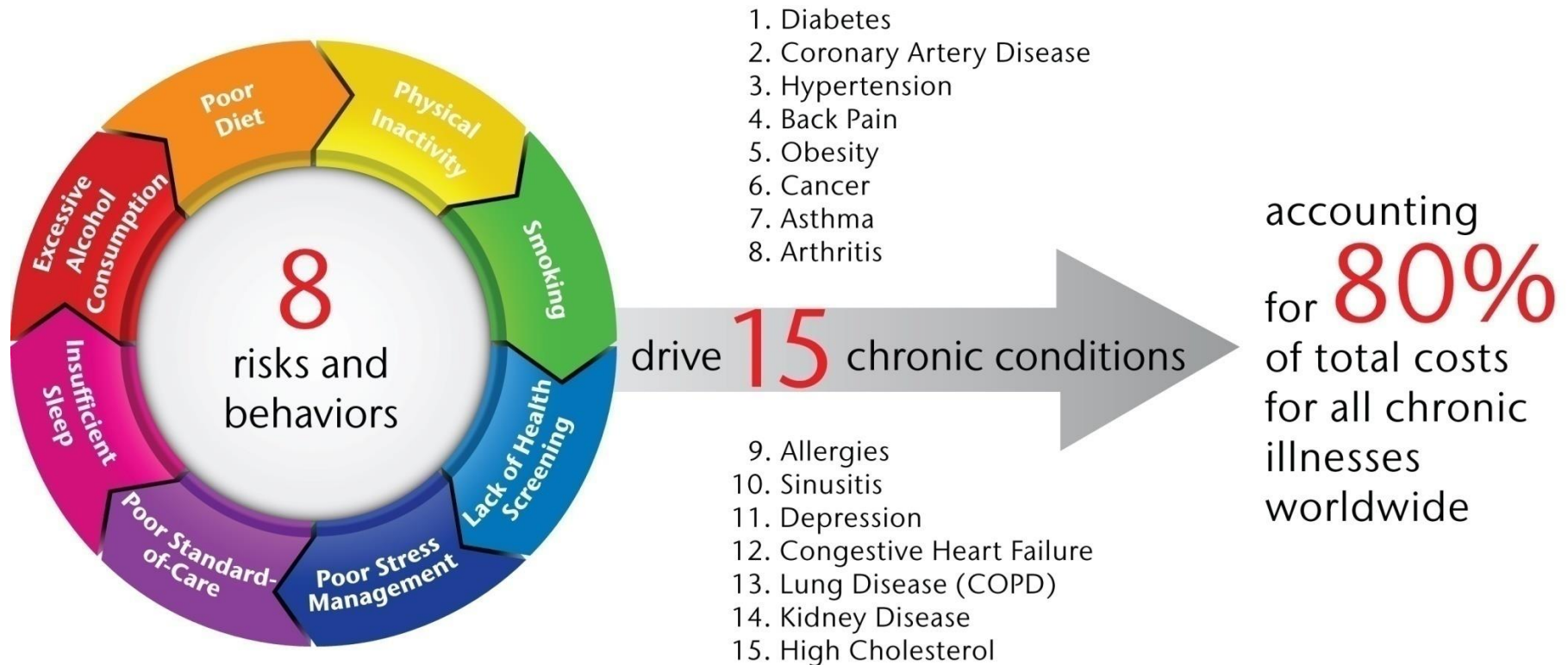
Purpose of Health Homes

"...expand on the traditional medical home model to build linkages to other community and social supports and to enhance coordination of medical and behavioral health care, with the main focus on the needs of persons with multiple chronic illnesses."



Kansas Health Homes Program Manual (SMI), Section 1.1 (page 6)

Risks and Behaviors



Quality Improvement Processes

Quality Improvement in Health Homes

Quality Improvement is outlined as a requirement in the KanCare Health Homes Program Manual (SMI)



Section 2.3
Item 6.g.
(page 22):

“Establish a continuous quality improvement program, and collect and report on data that permits an evaluation of increased coordination of care and chronic disease management on individual-level clinical outcomes, experience of care outcomes, and quality of care outcomes at the population level;”

APPENDIX C: Kansas Health Homes Quality Goals and Measures



1. Reduce utilization associated with inpatient stays
2. Improve Management of Chronic Conditions
3. Improve Care Coordination
4. Improve transitions of care among primary care and community providers and inpatient facilities

http://www.mainequalitycounts.org/image_upload/BHHQIPProjectTemplateCoreStandard9Web.pdf

http://www.mainequalitycounts.org/image_upload/Jan2015BHH%20WebinarSlides.pdf

Quality Assurance v. Quality Improvement

Quality improvement (QI) consists of *systematic* and *continuous* actions that lead to measurable improvement in health care services and the health status of targeted patient groups.



<http://www.hrsa.gov/quality/toolbox/methodology/qualityimprovement/>

	QA	QI
Motivation	Measuring compliance with standards	Continuously improving processes to meet standards
Means	Inspection	Prevention, monitor over time
Attitude	Required, defensive	Chosen, proactive
Focus	Outliers or “bad apples”, individuals	Processes, systems, majority
Players	Selected departments	Organization wide, benchmarking
Disciplines	Within profession	Multidisciplinary approach
Scope	Medical profession focused	Patient care focused
Responsibility	Few	All

Four Key Principles in Successful QI



QI work as systems
and processes



Focus on patients

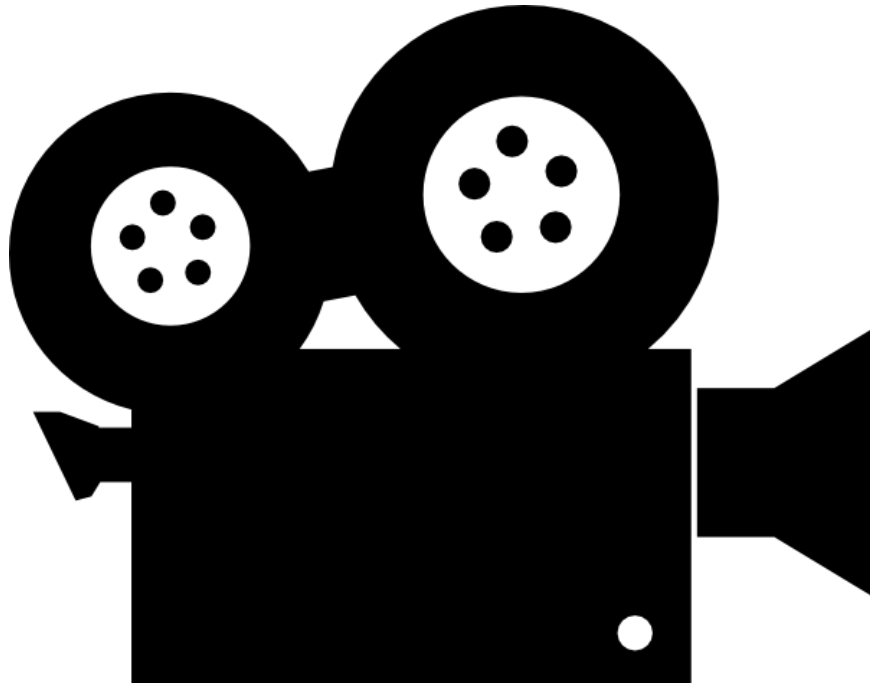


Focus on being part
of the team



Focus on using the
data

Quality Improvement in Health Care



Be prepared to share three things you noticed in the video that were

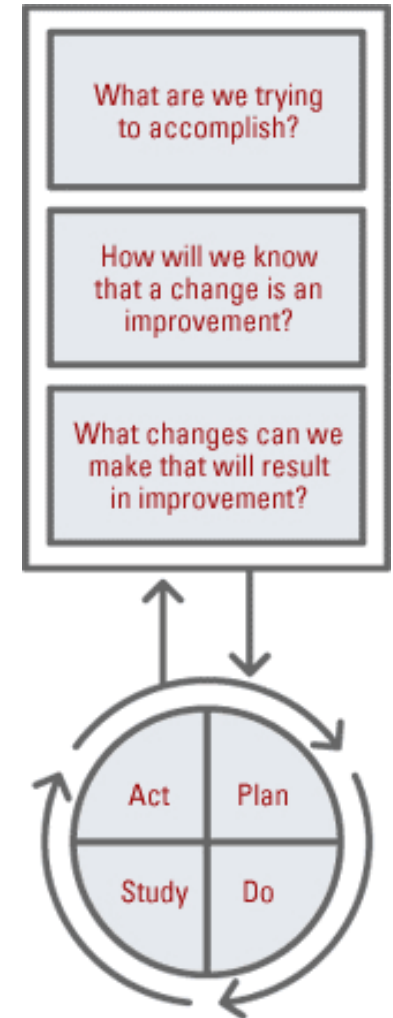
- New to you
- Worthy of additional discussion
- Challenging

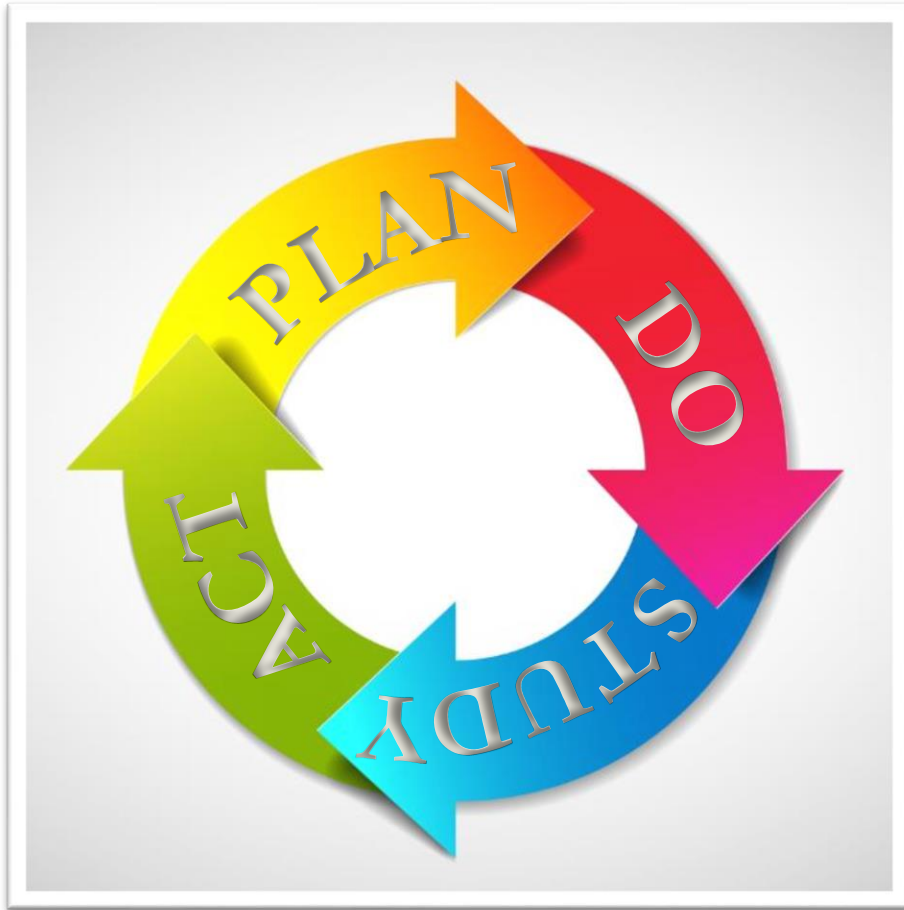
Institute for Healthcare Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

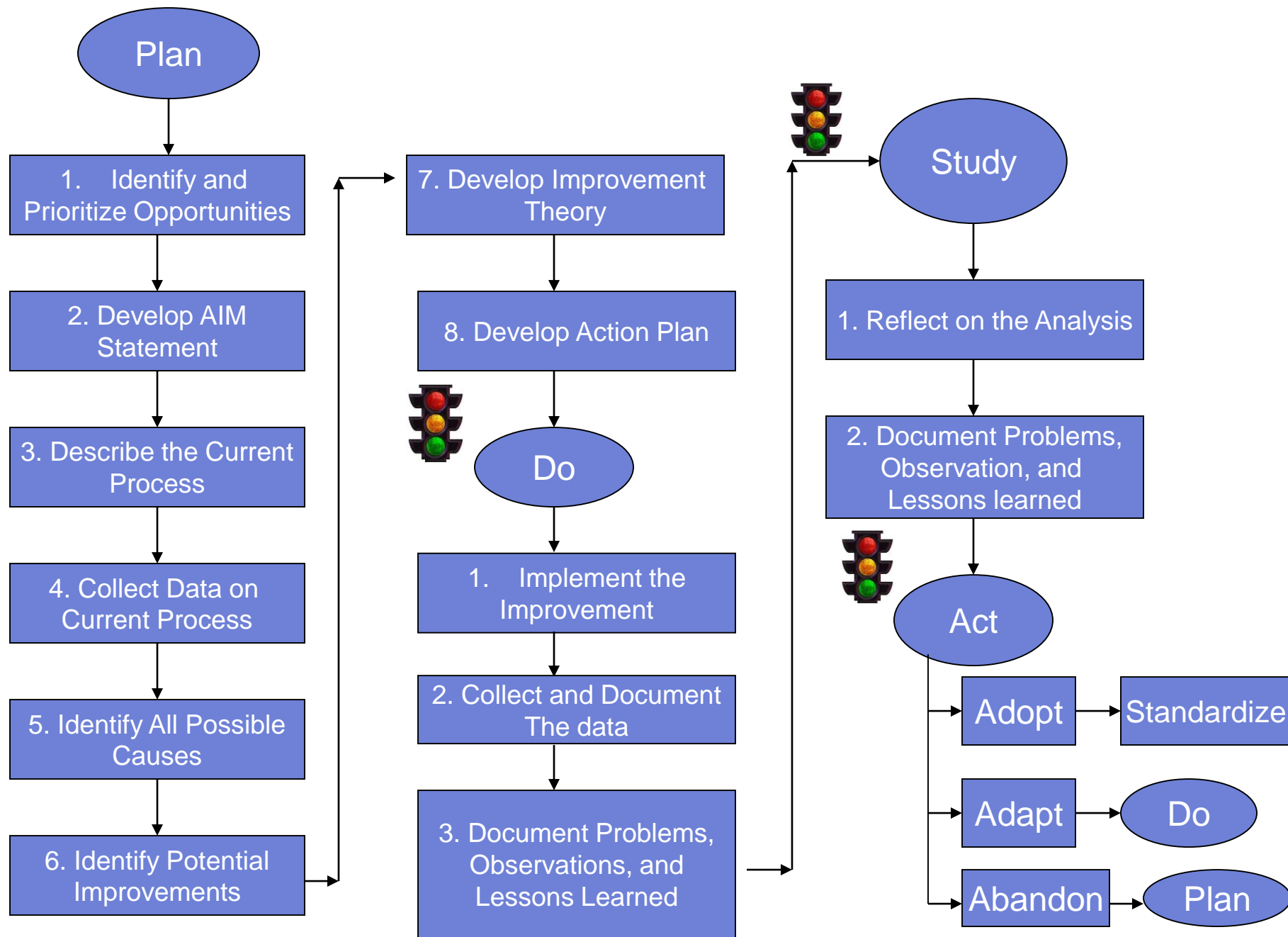
What changes can we make that will result in improvement?

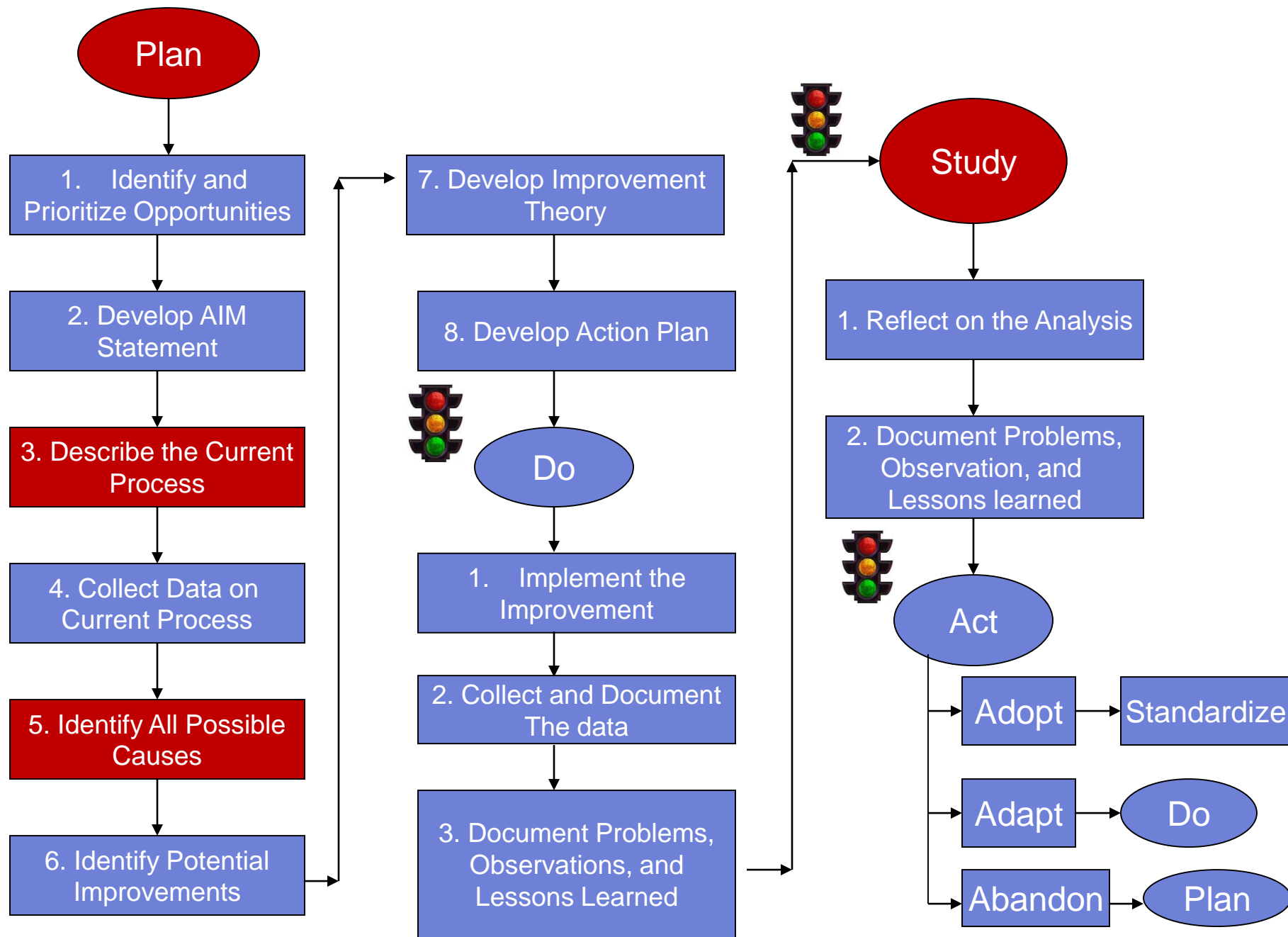




PDSA was made popular by Dr. Deming who is considered by many to be the “father of modern quality control”; however it was always referred to by him as the "Shewhart cycle.”

The continuous improvement phase of a process is how you make a change in direction. The change usually is because the process output is deteriorating or customer needs have changed.







If you can't describe what you are doing as a process,
you don't know what you're doing.

(W. Edwards Deming)

**“Plan” Step 3:
Describe the Current Process
Flow Charts**

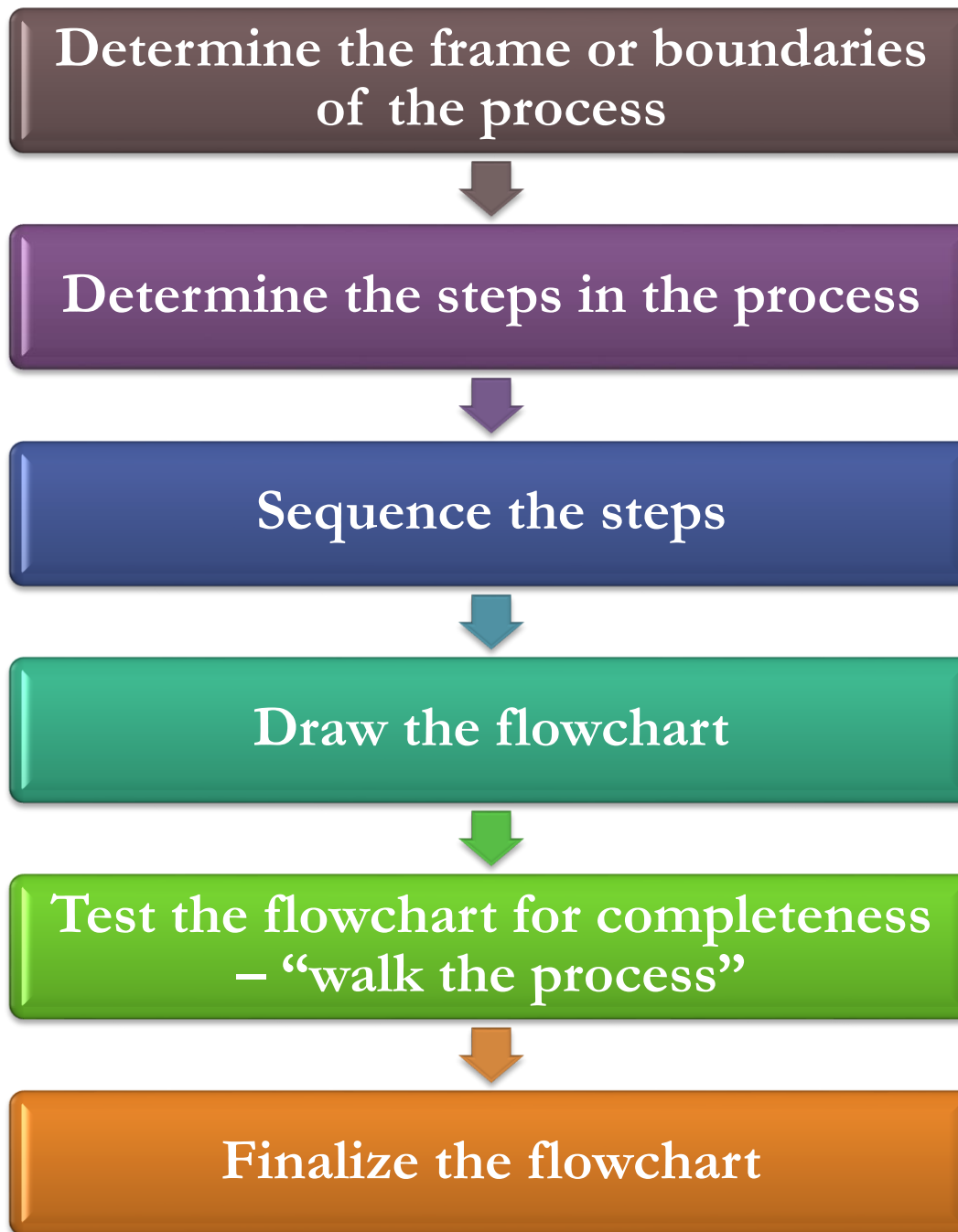
“Plan Step 3: Describe the Current Process

Flow Chart

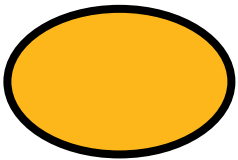
- A diagram that represents the sequence of operations in a process



Steps in Constructing a Flow Chart



Flowchart Symbols



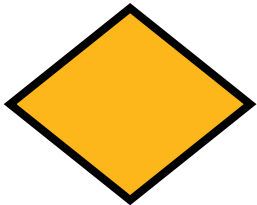
» Oval: Shows beginning or ending step in a process



» Rectangle: Depicts particular step or task

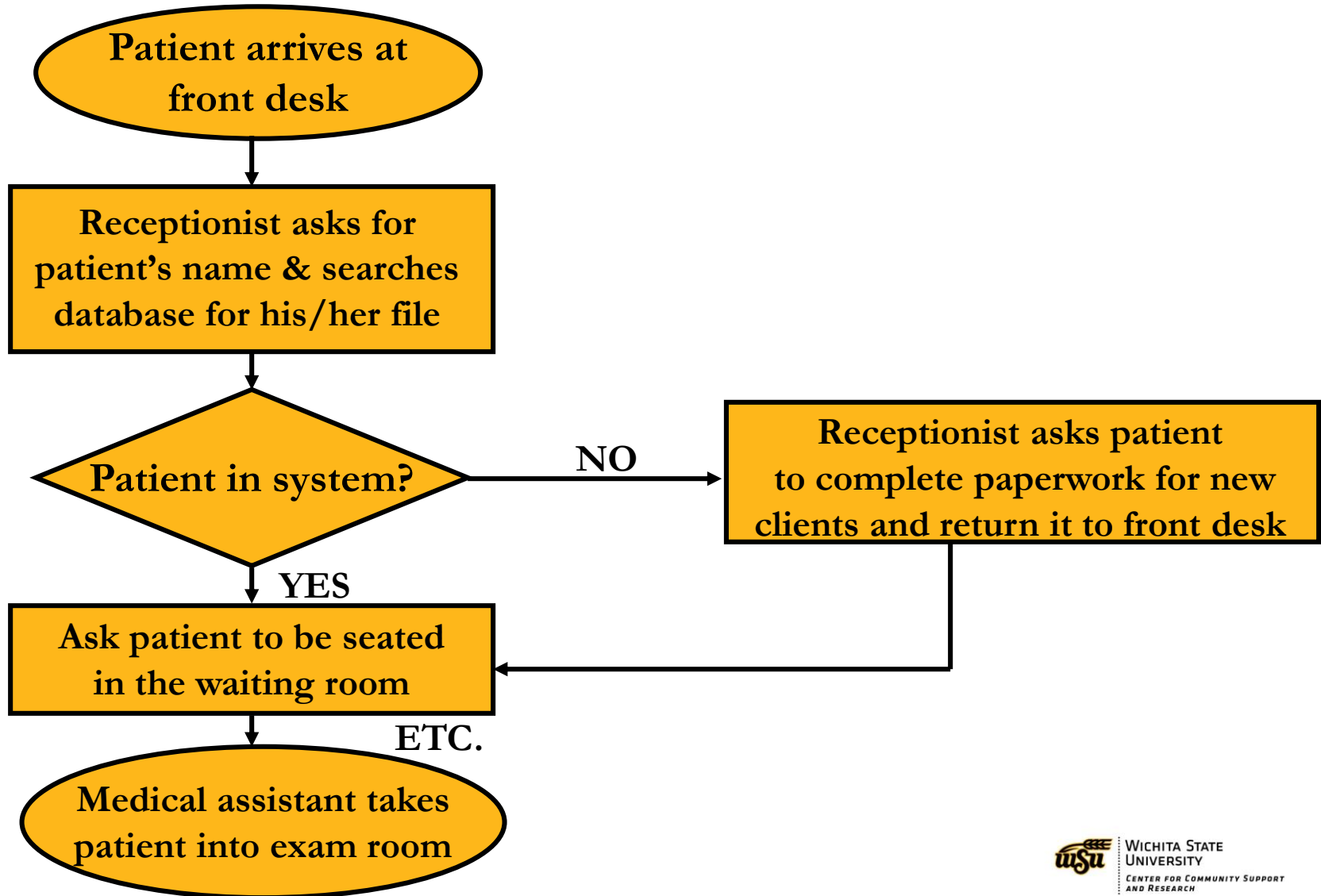


» Arrow: Shows direction of process flow



» Diamond: Indicates a decision point

Flowchart Example

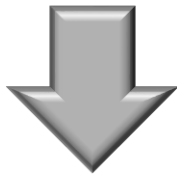


Flow Charting Exercise

Start

**Alarm
Goes Off**

You are sound asleep and your alarm just went off at 6 AM this morning



Your assignment: Flow chart all the activities you have to do to get to the point where you open the door and leave for this meeting.

End

**Open the
door and
leave**

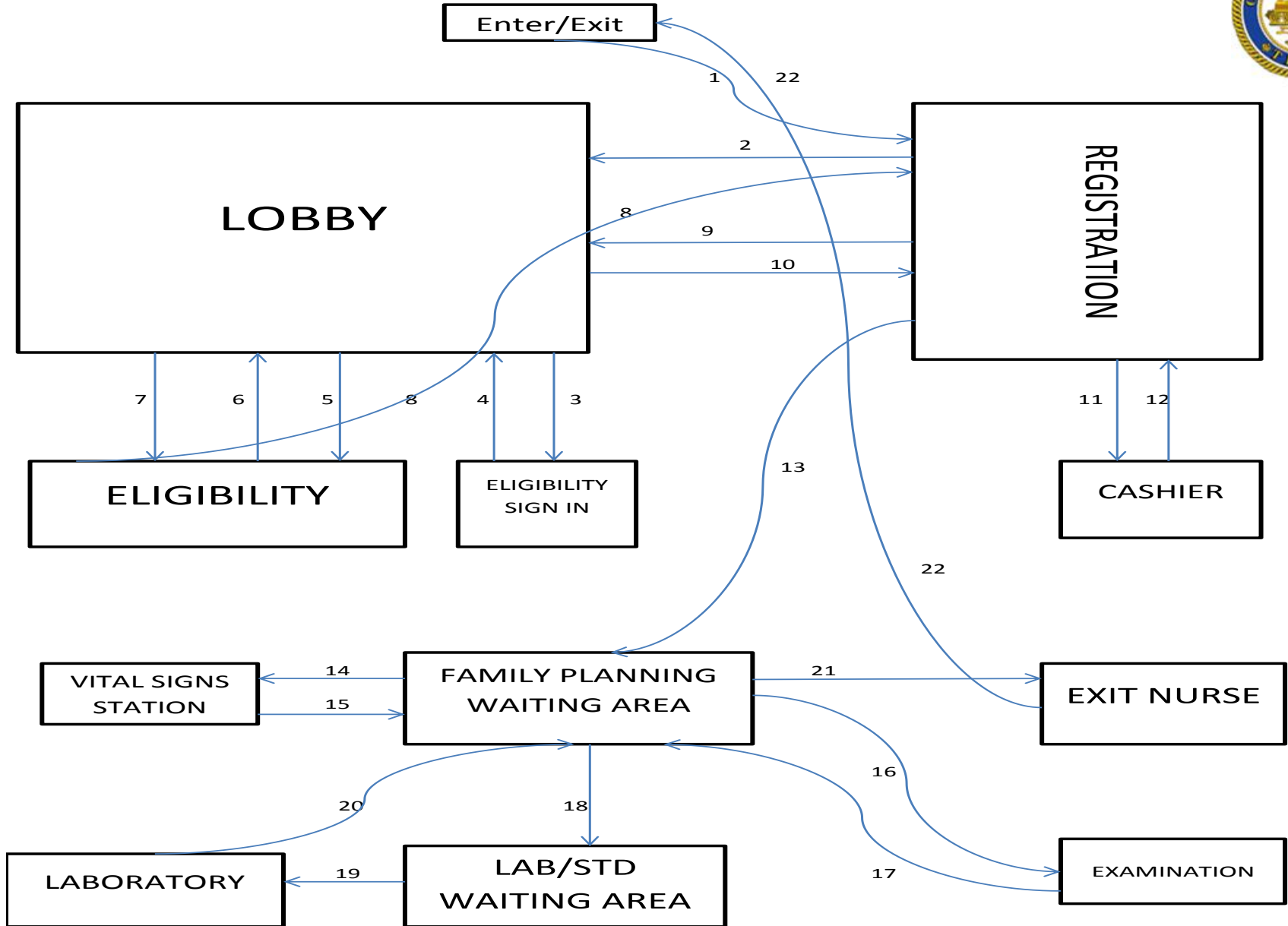
You open your door and leave for this meeting.

- Identify two steps that are not needed and should be eliminated.
- Identify two steps that should be added that would add value to the process.

Swim Lane Flow Chart



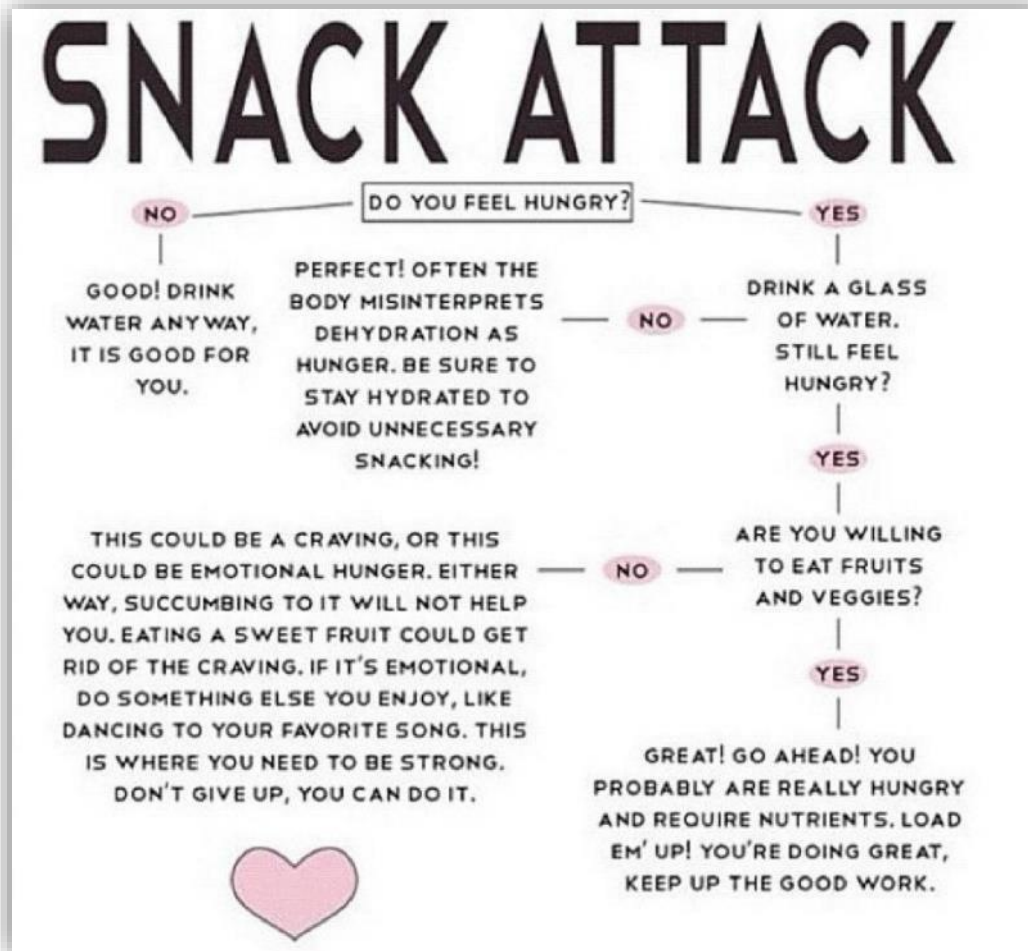
SUNNYSIDE HEALTH CENTER FAMILY PLANNING SPAGHETTI DIAGRAM



Test the Flow Chart

- ✓ Is the process being run the way it *should* be?
- ✓ Are people following the process *as charted*?
- ✓ Are there *complexities* or *redundancies*?

Flow Charts – Not just for QI anymore



**“Plan” Step 5:
Identify all Possible Causes
Cause & Effect Diagrams**

Purpose of Cause and Effect Diagram

Why use a Cause and Effect Diagram?

To allow a team to identify, explore, and graphically display increasing detail – all of the possible causes related to a problem or condition to discover its root cause(s).

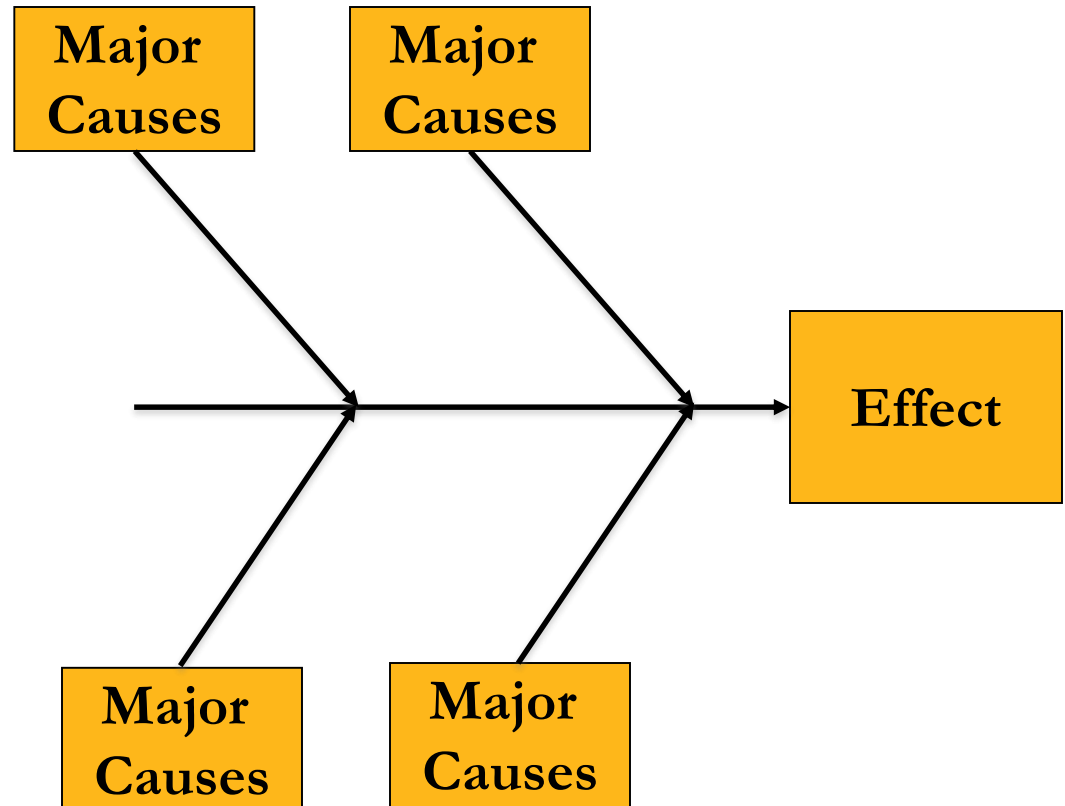
What does it do?

- Enables a team to focus on the content of the problem versus the history of the problem or personal interests of the team.
- Creates a snapshot of the collective knowledge and consensus of a team around a problem.
- Focuses the team on causes, not symptoms.



Cause and Effect Diagrams: Construction

- Generate ideas as to what are the major causes of the effect
- Label these as the major branch headers
- Organizes group knowledge about causes of a problem and display the information graphically



Cause and Effect Diagrams: Causes

The four “M”s

- Methods
- Materials
- Machines
- Manpower

The four “P”s

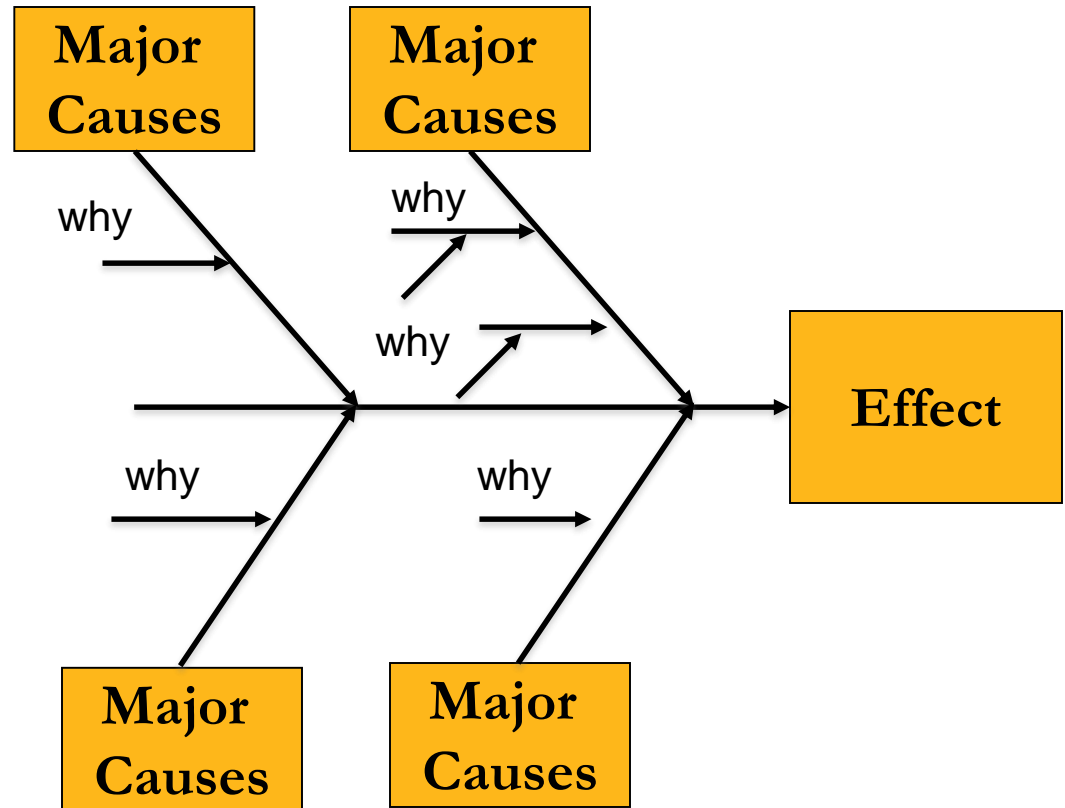
- Place
- Procedures
- Policies
- People

The four “S”s

- Surroundings
- Suppliers
- Systems
- Skills

Cause and Effect Diagrams: Construction

- For each major cause category brainstorm ideas as to what are the related sub-causes that might effect our issue
- Use the 5 “Why?” techniques when a cause is identified
- Keep repeating the question until no other causes can be identified
- List the sub-cause using arrows



Tips for Cause & Effect Development

- Consider drawing your fish on a flipchart or large dry erase board.
- Ask “Why does this happen?”
- Sticky notes— everyone participates
- Select a prioritization method
 - Voting with dots
 - Frequency of cause
 - Branch with most contributing factors



<http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/QAPI/downloads/FishboneRevised.pdf>

Why Are Employees Late For Work?

I like making up excuses for why I was late just to see if I can get away with it



your eCards
someecards.com

- It is a question that management has wrestled with for a long time.
- Every time we think we have heard all the excuses someone invents another creative one.



Dilbert.com DilbertCartoonist@gmail.com



2-2-12 © 2012 Scott Adams, Inc. /Dist. by Universal Uclick



Cause & Effect Exercise

Practice with C&E

Effect: Eligible participants won't engage in Health Home services

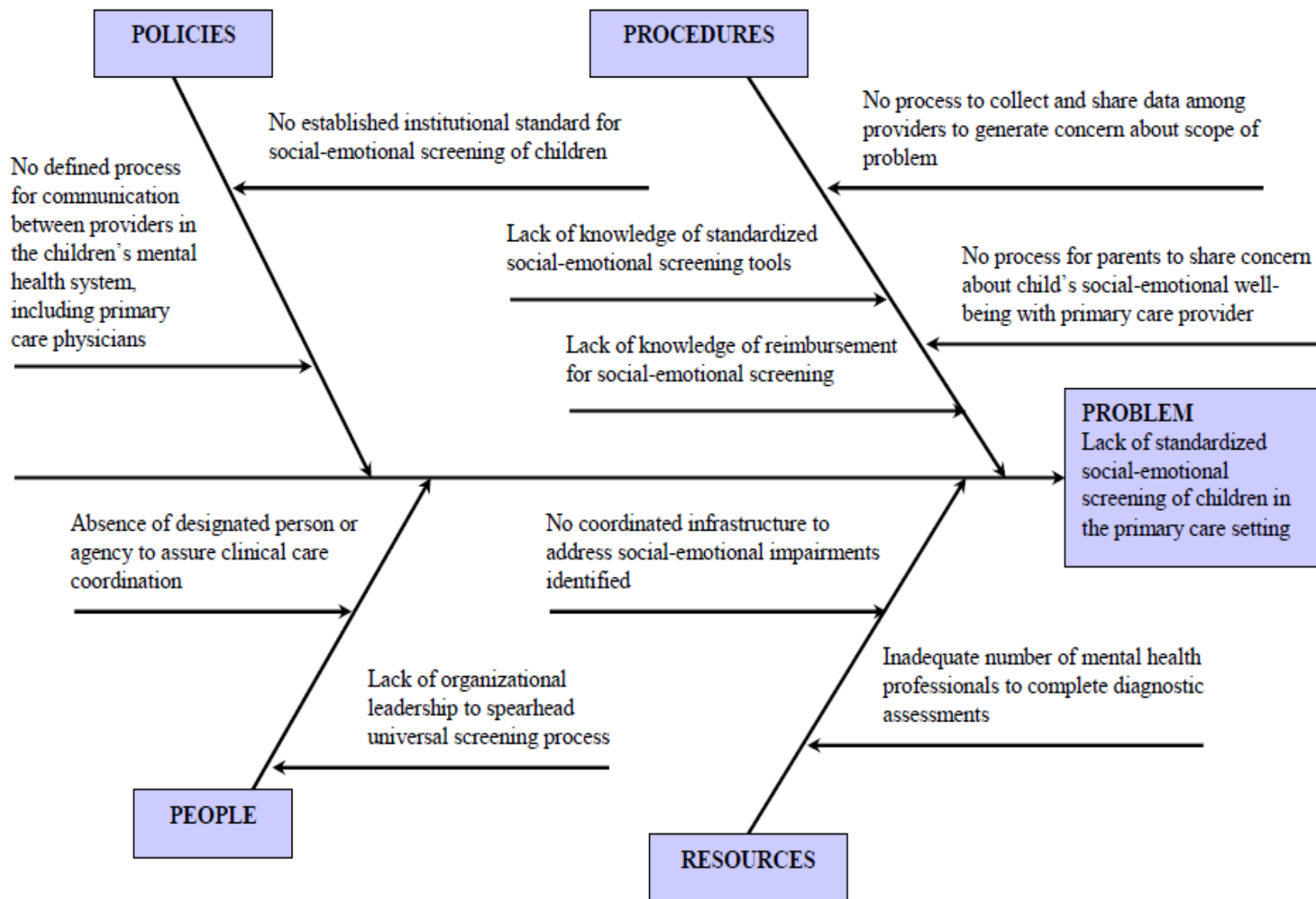
Identify
major
cause
categories

Identify
sub-
causes

Use 5
“Why”s
(and “why
does this
happen?”)

DOUGLAS COUNTY CHILDREN'S MENTAL HEALTH COLLABORATIVE

Cause & Effect Analysis



Study Phase: Storyboards

Storyboards



Tool for effectively presenting a team's work

- to other groups within the organization;
- to other organizations;
- to the larger community.

Sample Storyboard Format—IHI

- **Organization Name, City, State**
- **Project Name**
- **Aim:** (Put aim statement here.)
- **Measures:** (List 3 to 5 key measures.)
- **Results:** (Include one or two of the key graphs — be sure that sample size and goals are on the graphs and that they are annotated.)
- **Changes Being Tested**



Creating a Diabetes Group Visit for Brazilian Immigrants

Monica DeMasi, MD^{1,2,3}, Sarah Messmer¹, Jessica Reader², Joshua St. Louis², Anna Pancheshnikov¹, Patricia Alves², Meredith Steuer, Thomas Jaeger and Kai Huang¹

1. Harvard Medical School, 2. Tufts University School of Medicine, 3. Union Square Family Health (Cambridge Health Alliance)

Problem

There is a large population of Brazilians in Boston Area, particularly in the area that Union Square Family Health serves. However, despite access to a wide range of services, Brazilian diabetics have worse outcomes than other populations.

Handling the complexities of chronic illness and meeting cultural needs is difficult within the setting of a regular fifteen-minute visit. In addition, provider and clinical staff felt that cultural barriers prevented the provision of adequate care and disease education. These two factors appeared to be linked to poor Diabetes outcome indicators in the Brazilian population. Established group visit curricula have been shown to improve outcome in the general population, but there was no such model to use that had been adapted to the specific needs of Brazilian immigrants.

Aim

The aims of the project were to 1) reduce HbA1c by 0.5% within 6 months for all participants, 2) decrease the blood pressure of 50% of hypertension patients not at goal blood pressure by 10% 3) decrease LDL by 10% for all patients not at goal cholesterol 4) increase rate of flu vaccine and pneumovax to 100% 5) increase rate of eye exams and foot exams to 100% 6) increase patient satisfaction with care and self-knowledge of Diabetes.

Project Design

We assembled a team of clinic staff (family physician and medical assistant), medical students and groups of providers (registered nurses, pharmacy, community health, social work). We received project implementation and charge management support from the Harvard Center for Primary Care Innovation Fellows' Program. Our group medical visit was largely based on the diabetes self-management program developed at the Stanford Patient Education Research Center.* This model was adapted based on focus groups of providers and in-depth interviews of patients. [2] We shared our findings at CHA poster sessions. In our next iteration, graduates of the program will serve as peer advisors for the next cohort.

Intervention

- Six weekly 2-hour sessions, conducted in Portuguese.
- Staffed by a family physician, a medical assistant, and one or more students.
- Group activities using motivational interviewing techniques.
- Topics covered include:
 - Healthy eating, physical activity
 - Depression and stress management
 - Medications, lab tests and results
 - Interacting with the health care system
 - Completed eye and foot exams

Measurement of Improvement

We evaluated our intervention using both quantitative and qualitative data. Quantitative data included blood glucose, HbA1c, LDLc, weight, and blood pressure. Qualitative data was based on responses to a patient survey measuring knowledge of and attitudes/beliefs about diabetes. In addition, patients from first cohort plan to return and act as peer mentors to the next cohort of patients which we believe signifies approval of the program.

Lessons Learned and Message for Others

Though immigrant populations often face multiple barriers to good quality care, with a well-designed group visit intervention, these patients can achieve excellent health outcomes.

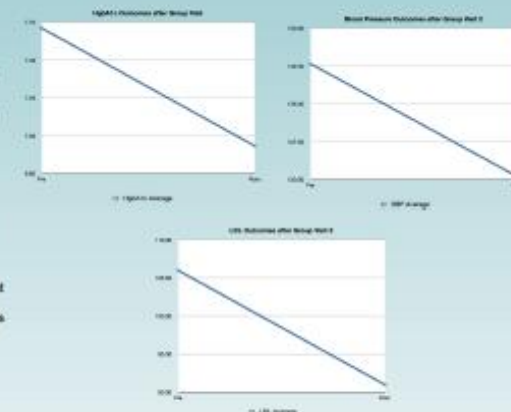
The adapted Stanford Model provide good results and outcomes for non-English speaking populations.

Streamlining recruitment strategies: we must scale up to include more patients and generate a larger data set.

BRAZILIANS IN BOSTON AREA: DEMOGRAPHICS

Percentage of new immigrants in Boston	19.10%
Number in Boston	6,022
States of origin in Brazil	Minas Gerais, Paraná, Goiás, Santa Catarina
Male	53%
Single	45%
Between ages 20-34	50%
Have high school diploma only	28%
Work in services	42%
Unemployed	3%
Self-Employed	18%
Middle Class or Higher	20.60%

Reference: Boston Redevelopment Authority, 2007.



PATIENT EXPERIENCES

- "It didn't change too much, just the way I eat, the amount of exercise I do and how to take my medications."
- *Participant OP
- "The group completely changed the way I see my disease. I now realize that my own behavior is the most important part of my treatment."
- *Participant SG

BRAZILIANS AT UNION SQUARE FAMILY HEALTH: 2012

LANGUAGES	
English speakers	46%
Portuguese speakers	Staff med: 30%
Spanish speakers	13%
Haitian Creole speakers	2%
Other language speakers	9%
INSURANCE COVERAGE	
Health safety net	10%
Medicaid / Mass Health plans	43%
Medicare	5%
Private Insurance	40%

*A sizable portion of Brazilians at USFH list English even though they prefer to receive care in Portuguese. This number is therefore an underestimate.

Sample Storyboard Format—NNPHI

PLAN -- Identify an opportunity and plan for improvement

1. Getting Started
2. Assemble the Team
3. Examine the Current Approach
4. Identify Potential Solutions
5. Develop an Improvement Theory



Sample Storyboard Format—NNPHI

DO -- Test the Theory for Improvement

6. Test the Theory

CHECK -- Use Data to Study Results of the Test

7. Check the Results

ACT -- Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

9. Establish Future Plans





Team Members:

Wend Lindsay - Supervisor, Development, Planning and Grants section of the GCHD
April Newman - Public Health Program Coordinator
Dorothy Gonzalez - Supervisor, Food Service Sanitation Program
Debra Kowalski/Ford - PI Call - Public Health Planning Coordinator for the CD and TB Control Program
Nancy Matus - Epidemiologist
Karen McInnis - Public Health Information Systems Coordinator
Amy Roberts - Health Information Systems Technician

Quality Improvement Story Board



Digitizing Foodborne Illness
Surveillance Data

Plan

Identify an Opportunity and Plan for Improvement

1. Getting Started

The problem/opportunity for improvement included:

- Outdated processes to document FRI information
- Gaps in FRI surveillance data
- Communication gaps between BH, CD and Epi
- There is a burden of FRI in Genesee County
- Undesired outcomes result in the perpetuation of ignorance about safe food handling in the community

Problem	Current State	Desired State	Impact
Outdated processes to document FRI information	Current State	Desired State	Impact
Gaps in FRI surveillance data	Current State	Desired State	Impact
Communication gaps between BH, CD and Epi	Current State	Desired State	Impact
There is a burden of FRI in Genesee County	Current State	Desired State	Impact
Undesired outcomes result in the perpetuation of ignorance about safe food handling in the community	Current State	Desired State	Impact

GCHD committed staff time, technical, and financial resources to the QI project. Approval and support was received from the supervisors of staff involved in the project, the Health Department's Management Team, and the Health Officer.

2. Assemble the Team

- The Team was assembled from the stakeholder programs identified in the project logic models. Individuals who could coordinate the project and offer technical assistance in QI were also included in the project.
- The timeline for the FRI Project stretched until December 31, 2007. This has since been extended into 2008.

Original AIM Statement

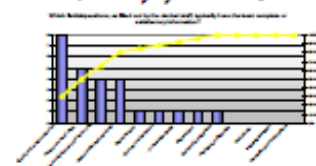
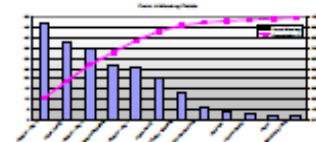
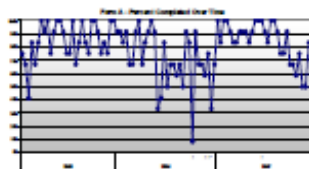
Design a quality database to log and document BH FRI compliance with 100% of needed data fields and 90% user satisfaction by December 31, 2007.

3. Examine the Current Approach

GCHD created a process map to illustrate the current FRI complete process.



Chart reviews, customer satisfaction surveys (of end users) and time studies were conducted to determine and analyze the root cause(s).



After reviewing baseline data and further examining the problems, the AIM statement was revised to include vital communication work. As the project began, GCHD realized that improving FRI surveillance means more than going from "paper to digital." It had to include consistent communication between program areas at prescribed points.

Revised AIM Statement

Design a quality database to log and document 100% of BH FRI compliance with 100% of needed fields and capability to generate 90% of needed reports electronically and 90% user satisfaction by December 31, 2007. Increase successful and appropriate communication between BH, CD and Epi as measured by the percentage of timely and complete notifications between BH, CD and Epi at the communication points shown on the work flow maps.

4. Identify Potential Solutions

Potential solutions to the problem were based on a root cause analysis and included creating:

- A database to log and document FRI complete investigations.
- Create electronic forms that have required fields to minimize the problem of missing data.
- Process maps to give out the investigation procedures to BH and CD and identify points where cross program communication should take place.
- Overlay maps to ensure that necessary communication points are built into normal BH and CD procedures.

Best practices were reviewed to identify potential improvements including:

- Current forms to determine required fields
- Electronic databases used in Ottawa and Jackson counties were reviewed for Genesee County needs.
- ITDA staff were consulted about the project aims and specifications
- FRI process maps from Wayne County were compared with those from Genesee County

Since neither database studied suited GCHD's needs, Ottawa County's electronic database was used as a template to create a system broad enough to correct the issues identified with chart reviews and surveys, but remained easy to access by both BH and CD searches and statistics.

5. Develop an Improvement Theory

1. GCHD moved from a paper-based system to an electronic one, switching CD and Epidemiology staff to enter every case as FRI reports received by BH. CD surveillance would be improved along with ensuring that all data fields are filled in by clerical staff and satisfaction employees with no lost records. This theory was developed through phasing a paper-based form that captures potential electronic form and log, and then employees were surveyed to evaluate satisfaction with that electronic system.

2. GCHD moved from a paper-based system to an electronic one, switching CD and Epidemiology staff to enter every case as FRI reports received by BH. CD surveillance would be improved along with ensuring that all data fields are filled in by clerical staff and satisfaction employees with no lost records. This theory was developed through phasing a paper-based form that captures potential electronic form and log, and then employees were surveyed to evaluate satisfaction with that electronic system.

Do

Test the Theory for Improvement

6. Test the Theory

Several tools were used to test GCHD's theories:

- The theory about cross divisional communication was tested during a suspected foodborne illness outbreak.
- The theory about the ideal BH FRI intake form and log was tested by phasing a paper version of the proposed electronic form.
- The theory about end user satisfaction will be tested by a survey after the new system is implemented.
- Qualitative data was collected from the test of the process map and the test of the paper form.
- Tests on the database have not yet been conducted. The tests planned include a follow-up chart review, a communications survey, and a customer satisfaction survey.

GCHD experienced some difficulties while testing the theory. During the outbreak investigation it was observed that while the FRI Process Map is for use, the actual process is not. Several actions can and should occur simultaneously. Also, GCHD discovered that some clerical staff are still not writing log of required information on the paper form being tested.

Study

Use Data to Study Results of the Test

7. Study the Results

By studying the results of the first paper pilot of the FRI complete form, GCHD realized they needed to be able to attach additional personal files to the intake form under the initial case number assigned to it in the electronic database. As a result, the software is being designed to link all personal files to the intake form. GCHD thinks that they will see a huge improvement in collection of required data because the electronic program is being written to require certain fields be filled out before staff can save the record into the system.

Now all of GCHD's tests have been completed. A follow-up chart review, a communications survey, and an end user customer satisfaction survey are planned. These will help to determine if GCHD's theories are successful.

Act

Standardize the Improvement and Establish Future Plans

8. Standardize the Improvement or Develop New Theory

GCHD believes the electronic database will be an improvement over the paper forms because they will be collecting better and more complete data. Epi, CD, and BH staff will have easy access to the computerized complete log for increased surveillance. The process maps have been incorporated into the Health Department's disease investigation procedures and are being used for staff training.



9. Establish Future Plans

GCHD committed to accomplishing through a variety of methods. Articles were published monthly in the internal agency newsletter about the quality improvement project. Monthly project updates were provided at management team and Environmental Health staff project staff meetings. In the 2007 State of the County Address, the GCHD's quality improvement efforts were highlighted.

http://www.nnphi.org/CMSUploads/Michigan_QI_Story_Boards-11699.pdf



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Behavioral Health Care



Learning Collaborative Webcasts

June 2, 2015 – 3:00 p.m.

Health Action Plan Webinars:

Summer 2015 & Winter 2016

Community of Practice Webcast:

May 19 – 11:00 a.m. – 12:00 p.m.

thank
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